



House of Representatives

General Assembly

File No. 514

January Session, 2011

Substitute House Bill No. 5618

House of Representatives, April 13, 2011

The Committee on Public Health reported through REP. RITTER, E. of the 38th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING THE ESTABLISHMENT OF A COUNCIL TO PROMOTE ENHANCED COMMUNICATION BETWEEN STATE AND LOCAL PUBLIC HEALTH OFFICIALS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. (NEW) (*Effective July 1, 2011*) (a) There is established
2 within the Department of Public Health an advisory committee that
3 shall promote enhanced communication and collaboration among the
4 Department of Public Health, municipal health departments and local
5 health districts.
- 6 (b) The committee shall consist of ten members, with five appointed
7 by the Commissioner of Public Health and five appointed by the
8 executive director of the Connecticut Association of Directors of
9 Health. The Commissioner of Public Health shall select a chairperson
10 of the committee from among the committee membership. The
11 committee shall meet at such times as it deems necessary.
- 12 (c) The committee shall: (1) Evaluate (A) the allocation of public

13 health resources among the Department of Public Health, municipal
14 health departments and local health districts; (B) the implementation
15 of state and federal policies affecting municipal health departments
16 and local health districts; and (C) policy changes proposed by the
17 Department of Public Health, municipal health departments or local
18 health districts; and (2) establish criteria (A) for prior review by the
19 committee of any Department of Public Health application for federal
20 funds or grants, (B) that permit committee review of any Department
21 of Public Health application for federal funds or grants after the
22 department's submission of the application to federal authorities in
23 cases where prior review of such application is impracticable due to
24 time constraints or other exigent circumstances, and (C) that exempt
25 certain Department of Public Health applications for federal funds or
26 grants from the committee review process.

27 (d) Except as provided in subdivision (2) of subsection (c) of this
28 section, (1) the Department of Public Health shall submit any proposed
29 application for federal funds or grants to the advisory committee
30 established pursuant to subsection (a) of this section and said
31 committee shall review and approve the goals and proposed allocation
32 of funds set forth in the proposed application, and (2) no federal funds
33 or grants for which the department has applied may be disbursed or
34 otherwise utilized unless the advisory committee has reviewed and
35 approved, by not less than a two-thirds majority of the committee, the
36 goals and proposed allocation of funds as set forth in the application.

37 (e) Notwithstanding the provisions of subdivision (2) of subsection
38 (d) of this section, in the event that the advisory committee is unable to
39 secure a two-thirds majority for the approval of the Department of
40 Public Health's application for federal funds or grants, the chairperson
41 of said committee, after consultation with the committee, may approve
42 such application with such modifications as may be determined by the
43 committee.

44 (f) The Department of Public Health shall, within available
45 appropriations, provide administrative support to the advisory

46 committee.

47 (g) Not later than January 1, 2012, and annually thereafter, the
48 chairperson of the advisory committee shall report, in accordance with
49 the provisions of section 11-4a of the general statutes, to the joint
50 standing committee of the General Assembly having cognizance of
51 matters relating to public health on the activities of the advisory
52 committee.

This act shall take effect as follows and shall amend the following sections:

Section 1	July 1, 2011	New section
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Statement of Legislative Commissioners:

In section 1(a), "between" was changed to "among" for accuracy and consistency with the provisions of section 1(c)(1).

PH *Joint Favorable Subst.-LCO*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 12 \$	FY 13 \$
Public Health, Dept.	GF - Cost	164,319	160,569
State Comptroller - Fringe Benefits ¹	GF - Cost	37,914	37,914
Public Health, Dept.	FF - Potential Revenue Loss	up to 135 million	up to 135 million

Note: GF=General Fund; FF=Federal Funds

Municipal Impact:

Municipalities	Effect	FY 12 \$	FY 13 \$
Various Municipalities	Potential Revenue Loss	See Below	See Below

Explanation

The bill results in a General Fund cost of \$202,233 in FY 12 and \$198,483 in FY 13 to support staff and related expenses for an advisory committee that must give prior approval to Department of Public Health (DPH) applications for federal funding, and review and approve of DPH's proposed allocations of existing federal funds prior to disbursement. These costs are broken out in the table below:

¹ The fringe benefit costs for most state employees are budgeted centrally in accounts administered by the Comptroller. The estimated non-pension fringe benefit cost associated with personnel changes is 23.76% of payroll in FY 12 and FY 13. In addition, there could be an impact to potential liability for the applicable state pension funds.

Item	FY 12 \$	FY 13 \$
1.0 Health Program Associate	65,789	65,789
1.0 Accountant	69,418	69,418
0.5 Secretary I	24,362	24,362
Computers, software, telephones	3,750	0
Office Supplies	500	500
Mileage	500	500
Fringe Benefits	37,914	37,914
TOTAL	202,233	198,483

While the bill specifies that DPH shall provide administrative support to the committee within available appropriations, it is anticipated that the agency would staff the committee.

The majority of DPH's funding is federal (currently 130 grants, totaling \$135 million) and no disbursements would be possible after 7/1/11 until the committee has reviewed and approved of each grant's proposed allocation by at least a two-thirds majority. Delays, or other impediments to the disbursement of funds, could result in a breach of agency agreements with the federal government. In addition, various municipalities that receive funding from DPH would be impacted to the extent that federal funding awards to municipalities are delayed or barred by the committee.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation and the amount of federal revenue lost due to disapproval of funding allocations by the advisory committee. Pension-related costs for the identified personnel changes will be recognized in the state's annual required pension contribution as of FY 14.

OLR Bill Analysis**sHB 5618*****AN ACT CONCERNING THE ESTABLISHMENT OF A COUNCIL TO PROMOTE ENHANCED COMMUNICATION BETWEEN STATE AND LOCAL PUBLIC HEALTH OFFICIALS.*****SUMMARY:**

This bill establishes a 10-member advisory committee within the Department of Public Health (DPH) to promote enhanced communication and collaboration among DPH, municipal health departments, and local health districts. Five members each are appointed by the DPH commissioner and the executive director of the Connecticut Association of Directors of Health. The commissioner selects the chairperson from the committee membership.

The advisory committee has a number of duties including (1) evaluating the allocation of public health resources among DPH, municipal health departments and local health districts and (2) establishing criteria for reviewing DPH applications for federal funding. DPH must submit such applications to the committee for its review and approval.

By January 1, 2012 and annually afterwards, the advisory committee chairperson must report to the Public Health Committee on its activities.

DPH, within available appropriations, must provide administrative support to the advisory committee.

EFFECTIVE DATE: July 1, 2011

ADVISORY COMMITTEE***Duties and Responsibilities***

The committee must meet as necessary and evaluate (1) health

resources allocation among DPH, municipal health departments, and local health districts; (2) implementation of state and federal policies affecting these entities; and (3) policy changes they propose.

The committee must establish criteria for (1) its prior review of any DPH application for federal funds or grants, (2) committee review of any DPH application for federal funding after its submission to federal authorities when prior review is impracticable because of time or other circumstances, and (3) exempting certain DPH federal funding applications from committee review.

Committee Review of Federal Funding Applications

Under the bill, DPH must submit any proposed federal funding application to the advisory committee for review. No federal funding DPH has applied for can be disbursed or used unless the committee has reviewed and approved the goals and proposed allocation by at least a two-thirds vote. If the committee cannot meet this standard, the committee chairperson can approve the application, after consulting with the committee, with modifications it determines.

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 28 Nay 0 (03/28/2011)